2003 Health Services Inspection Guide – Air Reserve Component (ARC)

Introduction

Overview

The Health Services Inspection (HSI) Guide is updated annually. The HSI Guide is a tool for inspectors to use while performing HSIs and is not a comprehensive compilation of all programmatic and clinical requirements, although it does focus on common problem areas. While our inspections are structured around the guide, HSIs are not strictly limited to criteria covered in the guide. The Air Force Inspection Agency does not create policy; we inspect for compliance to existing policy and the community standard of clinical practice.

Inspection Schedule

ARC units enter an HSI scheduling window 24 months following their last HSI. HSIs are conducted on a scheduled basis. The following exceptions to routine scheduling and short-notice inspections will be observed:

Exceptions to Scheduling

1. ARC medical units, which deployed 40 percent or more of their assigned medical personnel for greater than 90 days, will not normally be inspected for 90 days following return from deployment. In addition, ARC units will not normally be scheduled for an HSI 90 days prior or 90 days after their scheduled Aerospace Expeditionary Force (AEF) cycle.
2. Units undergoing major mission conversion should immediately notify HQ AFIA/SG through their MAJCOM to negotiate inspection windows. An ARC unit undergoing a wing-level conversion, which significantly impacts the medical squadron.
3. Changes in Unit Type Code (UTC) taskings or wartime mission, resulting in a change to over 50 percent of unit personnel authorizations or a significant addition/deletion in mobility equipment assemblages, may warrant a change of the inspection window.
4. Real world disasters or contingency operations at home station, which cause the unit to relocate or suspend operations, will result in the inspection window being delayed.
5. Units participating in a MAJCOM-level inspection involving 40 percent or more of the unit's personnel will not normally be subject to a simultaneous HSI.

Health Services Inspection Guide Format

The HSI Guide is divided into three "Categories," which are groupings of related functions. The Categories cover major assessment areas of the medical unit and align the HSI process with Department of Defense Directives (DoDD), Department of Defense Instructions (DoDI), Air Force Policy Directives (AFPD), Air Force Instructions (AFI), and MAJCOM/local policy guidance. The major Categories of the HSI Guide and the three-letter identifiers for each are:

Category 1: Expeditionary Medical Operations (EXO.1)
Category 2: In-Garrison Medical Operations (IGO.2)
Category 3: Leadership (LDR.3)

Table 1 is a *sample* illustration of the structure of a Category. The **Category** is a logical grouping of functions. An **Area** is a discrete function organized under a particular category. In Table 1, the category entitled "Leadership" has two Areas assigned that include "Organizational Management" and "Human Resource Management." Areas are listed in the HSI Guide Table of Contents and can also be located at the top of each Element grouping.

Each Area is further subdivided into **Elements**, which are the key components of a specific process and the level at which activities are scored. For example, under the Area "Organizational Management," there are five Elements that are considered core components of this particular area. They include "Executive Management," "Self-Inspection Program," "Support Agreements/Training Affiliation Agreements (TAA)," "Professional Medical Services Contracts/Blanket Purchase Agreement (BPA) Oversight" and "Administrative Support Services."

Table 1: Structure of a Category

Category: Leadership (LDR.3)

Area	**LDR.3.1**	**Organizational Management**
Element	3.1.1	Executive Management
Element	3.1.2	Self-Inspection Program
Element	3.1.3	Support Agreements/Training Affiliation Agreements (TAA)
Element	3.1.4	Professional Medical Services Contracts/Blanket Purchase Agreement (BPA) Oversight
Element	3.1.5	Administrative Support Services
Area	**LDR.3.2**	**Human Resource Management**
Element	3.2.1	Administration of the On-the-Job Training (OJT) Program
Element	3.2.2	Supervisory Involvement – On-the-Job Training (OJT)
Element	3.2.3	Basic Life Support (BLS) Training
Element	3.2.4	Demand Reduction Program – Drug Testing
Element	3.2.5	Suicide and Violence Awareness Education

Scoring Methodology

Inspectors evaluate programs for compliance with established guidance, and they score elements utilizing specific scoring criteria in the HSI Guide. The following table shows the range of element scores and ratings, along with generalized scoring guidelines for each.

Raw Score	Element Rating	Sample Scoring Guidelines
4:	Fully Compliant	Criteria met.
3:	Minor Discrepancy	Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care.
2:	Major Discrepancy	Some, but not all, criteria were met. Program outcomes may be adversely affected.
1:	Critical Discrepancy	Few criteria were met. Adverse mission impact was likely to occur.
0:	Programmatic Failure	There was noncompliance with standards. The medical unit failed to meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.
NA:	Not scored	

The "raw scores" listed above comprise one of two factors used to determine an Element's final or "computed score." The second factor is the Element's "weight," which is a predetermined value of 1-5, with larger values correlating to greater mission criticality. An Element's computed score is derived by multiplying its weight times its raw score. An Element's maximum possible score, which is used in evaluating Area performance, equals its weight times 4 (the highest possible raw score).

Each Area also earns a numerical score, which is calculated by adding its entire constituent Elements' computed scores. The resulting sum is then divided by the Area's maximum possible score (the sum of all Elements' maximum possible scores). This determines the percentage of possible points earned, which translates into the Area Rating as shown below.

Area Result	Area Rating
95 – 100 %	Compliant with Special Recognition (if all Element scores are 3 or higher)
80 – 94 %	Compliant
70 – 79 %	Type II Area*
Below 70 %	Type I Area*

*Note: Only Areas, *not individual Elements*, will be assessed Type I or II.

Areas assessed a Type I require the medical unit to provide a written response to AFIA within 6 months of receiving the draft report. These written responses must address actions taken to correct every noncompliant Element (raw score 0-3) within the Areas assessed a Type I. Changes in policy, planning or procedures should be considered when summarizing actions. The initial 6-month response may be an interim report if the item is not closed; however, Type I Areas are expected to be completely resolved within 12 months following the inspection. If corrective actions extend beyond the suspense date, units are required to provide follow-up replies, including estimated completion dates, every 90 days until closure.

Areas assessed a Type II do not require the medical unit to provide a written response to AFIA. However, unit leadership should ensure the deficient Elements are corrected.

Some Areas rated 'Compliant' may contain noncompliant elements that require correction. These findings, which do not fall under Type I or II Areas, are included in the report as "Element Findings." Inspectors provide them to supplement or reinforce verbal comments given during the inspection. Element Findings require no written response to AFIA.

The overall numeric score is simply the percentage of total points earned (sum of all Element computed scores) out of the maximum possible. There are no additional penalties or deductions for Type I or II Areas or Element Findings. The verbal rating scale for the HSI is as follows:

Numeric Score	Verbal Rating
92 – 100	Outstanding
83 – 91	Excellent
76 – 82	Satisfactory
70 – 75	Marginal
< 70	Unsatisfactory

ARC units receiving an overall rating of "Unsatisfactory" will have a follow-up inspection conducted within 18-24 months.

Note: Each specific element may have additional criteria to assist the inspector in determining their scoring.

Interview Protocols and the Inspection Process

In addition to the elements that describe what will be inspected, there are protocols that describe how the inspection process will be conducted. The protocols describe the "who, what, where, and how" of inspection interviews and conferences. The amount of time spent on a particular aspect of the protocol will depend in part on the size of the facility being inspected.

The current inspection process focuses on sustained performance. While efforts to correct deficiencies "at the last minute" are laudable, scores for those areas may reflect the inspector's assessment of the program over a period of time.

Frequently, the Air Staff and/or MAJCOMs ask the IG to focus on particular issues (e.g., Special Interest Items or Special Emphasis Items). Accordingly, inspectors will occasionally ask questions during interviews that are not in the published inspection criteria. For the upcoming year, AFIA will participate in root cause analyses of high finding areas. Unit OPRs will be requested to assist in data collection.

Benchmark Programs

Benchmark programs are programs, or portions of programs, which represent innovative methodologies for the process under consideration. Benchmark programs are included in the draft report pending final approval by AFIA/SG.

Additional Questions

We recommend that you thoroughly explore our website (https://www-4afia.kirtland.af.mil) and read the "frequently asked questions" (FAQ). If you still have questions, please call DSN 246-1771 or 246-2566.

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